



**Degree Application
Or
Degree Application Withdrawal Form**

1. **NOTE: This form is only to be completed to withdraw a degree application or to apply after the online application is closed on MyUAlbany for the current semester.**

2. Name _____
(First) (Middle) (Last) (Previous Name)

****Please update your demographics on MyUAlbany to ensure the correct spelling of your name and correct address for mailing of your diploma. Use Degree Name & Degree Address only.**

3. E-mail Address _____

4. Phone number _____

5. Student ID# _____
Please provide Social Security Number if Student ID# is unknown

6. Undergraduate Graduate

7. What do you wish to do? Apply for degree Withdraw degree application

8. Degree (BA, MS, PhD., etc) _____

Major/Program _____

Award Term: Spring Summer Fall

Year _____

9. Signature _____

Please mail, email or fax your request to the Registrar's Office

University at Albany
Registrar's Office CC-B52
1400 Washington Ave.
Albany, NY 12222
Phone: 518-442-5540; Fax: 518-442-5532
E-mail: degreeservices@albany.edu